FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  RADIA SUKU V						2. Issuer Name <b>and</b> Ticker or Trading Symbol WORKIVA INC [ WK ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
																X	Direc	tor		10% C	wner	
(Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 06/13/2017											Office	cer (give title w)		Other below)	(specify	
2500 OINIVERSII I DOULEVARD						A If Amandment Date of Original Filed (Month/D-:-/\)/										6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										individual of Johnson Phillip (Check Applicable Line)  X Form filed by One Reporting Person						
AMES	IA	IA 5		50010														filed by Moi	re than	One Rep	orting	
(City)	(St	ate) (	Zip)														Perso	on				
		Tabl	e I - Nor	-Deriv	ative	Se	curitie	s Ac	quir	ed, D	isp	osed o	f, or	Ben	eficia	ally C	Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		, Tr Co	Transaction Disposed Code (Instr. 5)			ities Acquired (A d Of (D) (Instr. 3,			4 and Sec Bei Ow		curities neficially vned Following		nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										ode	v	Amount	(	A) or D)	Price	.   1	Reported Transaction(s) (Instr. 3 and 4)				(msu. 4)	
Class A Common Stock 06/13/									A	A <sup>(1)</sup>		9,893	3	A		48,8		8,836		D		
		Та	ble II - D									sed of, nvertib				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date y or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of		Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiratio Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount nber	t r		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		D. wnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## Explanation of Responses:

1. Grant of restricted stock units pursuant to the 2014 Equity Incentive Plan.

## Remarks:

/s/ Troy M. Calkins as attorney-in-fact for Suku Radia

06/15/2017

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.